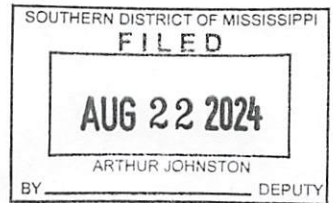


FORM TO BE USED BY PRISONERS IN FILING A COMPLAINT UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983  
 IN THE UNITED STATES DISTRICT COURT  
 FOR THE SOUTHERN DISTRICT OF MISSISSIPPI

## COMPLAINT



Cenales 458456  
 (Last Name) (Identification Number)  
Ellis Lamon  
 (First Name) (Middle Name)  
HcADC  
 (Institution)  
10451 Carlin Smith dr. belmont MS 39503  
 (Address)  
 (Enter above the full name of the plaintiff, prisoner, and address plaintiff in this action)

CIVIL ACTION NUMBER:

1:24CV257 HSO-BWR  
 (to be completed by the Court)

V.

VitaCore at  
HcADC  
 (Enter above the full name of the defendant or defendants in this action)

## OTHER LAWSUITS FILED BY PLAINTIFF

## NOTICE AND WARNING:

The plaintiff must fully complete the following questions. Failure to do so may result in your case being dismissed.

- A. Have you ever filed any other lawsuits in a court of the United States? Yes ( ) No ( ✓ )
- B. If your answer to A is yes, complete the following information for each and every civil action and appeal filed by you. (If there is more than one action, complete the following information for the additional actions on the reverse side of this page or additional sheets of paper.)
- Parties to the action: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  - Court (if federal court, name the district; if state court, name the county): \_\_\_\_\_  
 \_\_\_\_\_
  - Docket Number: \_\_\_\_\_
  - Name of judge to whom case was assigned: \_\_\_\_\_
  - Disposition (for example: was the case dismissed? If so, what grounds? Was it appealed? Is it still pending?): \_\_\_\_\_

## PARTIES

(In item I below, place your name and prisoner number in the first blank and place your present address in the second blank. Do the same for additional plaintiff, if any).

I. Name of plaintiff: Ellis Cenales Prisoner Number: 458 456  
 Address: 10451 Larkin Smith dr.  
Gulf port MS 39503

(In item II below, place the full name of the defendant in the first blank, his official position in the second blank, and his place of employment in the third blank. Use the space below item II for the names, positions, and places of employment of any additional defendants.)

II. Defendant: Vita core health is employed as  
Medical at HCAAC

The plaintiff is responsible for providing the court the name and address of each plaintiff(s) as well as the name(s) and address(es) of each defendant(s). Therefore, the plaintiff is required to complete the portion below:

## PLAINTIFF:

NAME: Ellis Cenales ADDRESS: 10451 Larkin Smith dr.

## DEFENDANT(S):

NAME: Vita core ADDRESS: 10451 Larkin Smith dr.  
HCAAC Gulf port MS 39503

GENERAL INFORMATION

- A. At the time of the incident complained of in this complaint, were you incarcerated because you had been convicted of a crime?  
Yes ( ) No (✓)
- B. Are you presently incarcerated for a parole or probation violation?  
Yes ( ) No (✓)
- C. At the time of the incident complained of in this complaint, were you an inmate of the Mississippi Department of Corrections (MDOC)?  
Yes ( ) No (✓)
- D. Are you currently an inmate of the Mississippi Department of Corrections (MDOC)?  
Yes ( ) No (✓)
- E. Have you completed the Administrative Remedy Program regarding the claims presented in this complaint?  
Yes (✓) No ( ), if so, state the results of the procedure: Verbal Complaints  
due to Kiosk being down
- F. If you are not an inmate of the Mississippi Department of Corrections, answer the following questions:
1. Did you present the facts relating to your complaint to the administrative or grievance procedure in your institution?  
Yes (✓) No ( )
  2. State how your claims were presented (written request, verbal request, request for forms): Both
  3. State the date your claims were presented: 7-27-24
  4. State the result of the procedure: Nothing



### STATEMENT OF CLAIM

- III. State here as briefly as possible the facts of your case. Describe how each defendant is involved. Also, include the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of different claims, number and set forth each claim in a separate paragraph. (Use as much space as you need; attach extra sheet if necessary.)

was charged for services not given  
by Medical total \$25.00 in. More so  
still trying to have a total 29.38

### RELIEF

- IV. State what relief you seek from the court. Make no legal arguments. Cite no cases or statutes.

Put my money back and have a  
audit on this place

Signed this 11 day of 08, 20 24.

Ellis Benales

Signature of plaintiff, prisoner number and address of plaintiff

I declare under penalty of perjury that the foregoing is true and correct.

08-11-24  
(Date)

Ellis Benales  
Signature of plaintiff